

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|------------|-----------------|
| FEE DETERMINATION | <i>CK</i> | | <i>8-17</i> |
| O.I.P.E. CLASSIFIER | | <i>19</i> | <i>8-28-00</i> |
| FORMALITY REVIEW | <i>W.M</i> | <i>869</i> | <i>09-27-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

= Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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